2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000127447

Entity Name: ADVANCED ORTHOPEDICS & PAIN MANAGEMENT, P.L.

Current Principal Place of Business:

2401 FIRST BLVD - STE 7
FT PIERCE, FL 34950

New Principal Place of Business:

2401 FIRST BLVD.
SUITE 7
FT PIERCE, FL 34950

Current Mailing Address:

2401 FIRST BLVD - STE 7
FT PIERCE, FL 34950

New Mailing Address:

2401 FIRST BLVD.
SUITE 7
FT PIERCE, FL 34950

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN, SCOTT S
2401 FIRST BLVD - STE 7
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KATZMAN, SCOTT S
Address: 2401 FIRST BLVD - STE 7
City-St-Zip: FT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SCOTT KATZMAN MGR 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date